

Procedure Code	Procedure Code Description	Rate
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	\$14.04
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	\$6.00
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	\$3.54
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	\$3.54
Q0113	PINWORM EXAMINATIONS	\$4.48
Q0114	FERN TEST	\$5.93
Q0115	POST-COITAL MUCOUS EXAM	\$8.21
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC	\$0.02
Q0164	PROCHLORPERAZINE, MALEATE, 5 MG, ORAL	\$0.04
Q0165	PROCHLORPERAZINE MALEATE, 10 MG ORAL	\$0.02
Q0166	GRANISETRON HYDROCHLORIDE 1 MG ORAL FDA APPROVED PRESCRIPTION ANTIEMETIC	\$5.26
Q0167	DRONABINOL, 2.5 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPUTIC	\$6.80
Q0168	DRONABINOL, 5 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPUTIC	\$13.52
Q0169	PROMETHAZINE HCI, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.44
Q0170	PROMETHAZINE HCI, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.13
Q0171	CHLORPROMAZINE HYDROCHLORIDE, 10 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	\$0.01
Q0172	CHLORPROMAZINE HCI, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.03
Q0173	TRIMETHOBENZAMIDE HCI, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.73
Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.78
Q0176	PERPHENAZINE, 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.75
Q0177	HYDROXYZINE PAMOATE, 25 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.05
Q0178	HYDROXYZINE PAMOTE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.07
Q0179	ONDANSETRON HYDROCHLORIDE 8 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC	\$8.07

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Q0180	DOLASETRON MESYLATE, 100 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMECTIC, FOR USE AS A THERAPEUTIC	\$50.59
Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.00
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$70,907.06
Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$11,440.02
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$3,583.23
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$14,761.30
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$2,866.60
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$276.77
Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$230.35
Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$268.74
Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VETRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$0.00
Q0489	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$12,797.26
Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$553.54
Q0491	EMERGENCY POWERE SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VETRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$870.24
Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$70.11
Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$199.64
Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$168.93
Q0495	BATTERY/ POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE	\$3,288.56

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Q0496	BATTERY FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$1,180.32
Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$368.56
Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$404.39
Q0499	BELT/VEST FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$131.39
Q0500	FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$24.04
Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$402.07
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$511.88
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE REPLACEMENT ONLY, EACH	\$1,023.78
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE TYPE	\$540.23
Q0505	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH VENTRICULAR ASSIST DEVICE	\$0.00
Q0510	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUGS, FIRST MONTH FOLLOWING TRANSPLANT	\$1.00
Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR THE FIRST PRESCR	\$1.00
Q0512	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR A SUBSEQUENT PRESCR	\$1.00
Q0513	PHARMACY DISPENSING FEE FOR INHALATION DRUGS; PER 30 DAYS	\$1.00
Q0514	PHARMACY DISPENSING FEE FOR INHALATION DRUGS; PER 90 DAYS	\$1.00
Q0515	INJECTION, SERMORELIN ACETATE, 1 MCG	\$1.80
Q2009	INJECTION, FOSPHENYTION, 50 MG	\$0.59
Q2017	INJECTION, TENIPOSIDE, 50 MG	\$325.66
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	\$0.00
Q3021	INJECTION, HEPATITIS B VACCINE, PEDIATRIC OR ADOLESCENT, PER DOSE	\$56.95
Q3022	INJECTION, HEPATITIS B VACCINE, ADULT, PER DOSE	\$56.95
Q3023	INJECTION, HEPATITIS B VACCINE, IMMUNOSUPPRESSED PATIENTS (INCLUDING RENAL DIALYSIS PATIENTS), PER DOSE	\$56.95

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Q3025	INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE	\$178.75
Q3026	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	\$0.00
Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD PLASTER	\$0.00
Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS	\$0.00
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4004	CAST SUPPLIES, SHOULDER CAST ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4012	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), PLASTER	\$0.00
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS +), PLASTER	\$0.00
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$0.00
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$0.00
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$0.00

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Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	\$0.00
Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4029	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4030	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4031	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4033	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4034	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4035	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4036	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4041	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER	\$0.00
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4043	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4044	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	\$0.00
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00

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Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4049	FINGER SPLINT, STATIC	\$0.00
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CAST	\$0.00
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS, PADDING AND OTHER SUPPLIES	\$0.00
Q4080	ILOPROST, INHALATION SOLUTION, ADMINISTERED THROOUGH DME, 20 MCG	\$50.50
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	\$0.96
Q4106	SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	\$40.00
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9953	INJECTION, IRON BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML	\$30.41
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	\$9.94
Q9955	INJECTION, PERFLEXANE LIPID MICROSPHERES, PER ML	\$0.00
Q9956	INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER ML	\$58.92
Q9957	INJECTION, PERFLUTREN LIPID MICROSHPERES, PER ML	\$62.16
Q9958	HIGH OSMOLAR CONTRAST MATERIAL,UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	\$0.07
Q9959	HIGH OSMOLAR CONTRAST MATERIAL,UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9960	HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML	\$0.12
Q9961	HIGH OSMOLAR CONTRAST MATERIAL,250-299 MG/ML IODINE CONCENTRATION, PER ML	\$0.15
Q9962	HIGH OSMOLAR CONTRAST MATERIAL,300-349 MG/ML IODINE CONCENTRATION, PER ML	\$0.18
Q9963	HIGH OSMOLAR CONTRAST MATERIAL,350-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.16
Q9964	HIGH OSMOLAR CONTRAST MATERIAL,400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML	\$0.29
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	\$1.29
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	\$0.37
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.20